



# HEDWIG VILLAGE POLICE DEPARTMENT PUBLIC INFORMATION REQUEST



Date of Request: \_\_\_\_\_

ATTN: Office Manager  
9000 Gaylord Dr  
Houston, TX 77024  
Voice: 713-461-4797  
Fax: 713-461-4801

## Requestor Information

Name

\_\_\_\_\_

Business (If applicable)

\_\_\_\_\_

Home Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Business Address (If applicable)

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Phone Number

Fax Number

Alternative Number

\_\_\_\_\_

## Requested Information

Case Number

Date(s) of Incident

\_\_\_\_\_

List any special requests or specific information

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Cost per Request

Accident Report: \$6.00

All Other Requests: 1+ pages = .10 per page (Up to \$40.00)

Extra Charges May Apply for Research on Large Request